

Case Report

Sebaceous Umbilical Cyst: Infrequent Localization- A Case Report

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Citation: Zurita N, Zamora CA, Borraez B (2018) Sebaceous Umbilical Cyst: Infrequent Localization- A Case Report. Ann Case Rep: ACRT-157. DOI: 10.29011/2574-7754/100057

Received Date: 12 January, 2018; **Accepted Date:** 29 January, 2018; **Published Date:** 06 February, 2018

Abstract

Numerous differential diagnoses in adults, including sebaceous cysts, metastatic tumors, hernias, and congenital anomalies, are still unknown in the umbilical region. The aim of this article is to review an infrequent pathology, which must be managed through appropriate treatment for patients with signs and symptoms, which are rarely clear and frequent, and are sometimes observed by doctors without being easily differentiated. Therefore, based on our experience, we want to report a case found in our institution, with an initial diagnosis of hernia and end of umbilical sebaceous cyst. We performed complete resection of the same, and its follow-up without any recurrence and with favorable aesthetic results.

Keywords: Hernia tuberculosis; Sebaceous cyst; Umbilical

Introduction

There are various patients with umbilical signs and symptoms, and these symptoms must be recognized by the doctors, based on an appropriate anamnesis and leveraging the knowledge of differential diagnoses which would allow for the execution of the best medical or surgical procedure for the illness. Among them, is an infrequent pathology known as the sebaceous cyst, which belongs to the most common cutaneous tumors. Though they are rarely found in the bellybutton of adults and the majority of them do not have significant consequences, in some instances they are cause of concern and conducive to erroneous diagnoses and inadequate treatment.

This article informs of the case of a sebaceous umbilical cyst, in a young woman of sixteen years of age, which presented itself as a mass that protruded, initially tribulated and diagnosed as a hernia, to which the surgical treatment was performed with a good esthetic result and without recurrence, with a later final diagnosis complemented with the presence of a lobulated sebaceous cyst.

A revision of this uncommon topic and the importance of the knowledge of other possible diagnoses that can occur in the umbilical region is performed [1].

Presentation of the Case

The case presented is that of a sixteen-year-old girl, with pain in the umbilical region and the presence of a mass that protruded with little effort.



Figure 1: Pre-op picture of the umbilical defect.

It was initially diagnosed as an umbilical hernia and a herniorrhaphy was programmed.

The illness was asymptomatic and did not produce any form of secretion or cutaneous changes. During the physical exam, a multilobulated mass that was not painful to the touch and of soft consistency was felt, with no other symptoms. No image-based exams were performed.

The total resection was performed under general inhalation anesthesia. The exploration during the surgery showed a lobulated mass without the presence of communication nor connections with the abdominal cavity, above a defect in the umbilical fascia of 6mm, but the secretion in its interior was noteworthy as it was sebaceous and not fetid, of color grey and with sticky consistency, which was sent for a pathological study along with a skin sample (Figure 2).

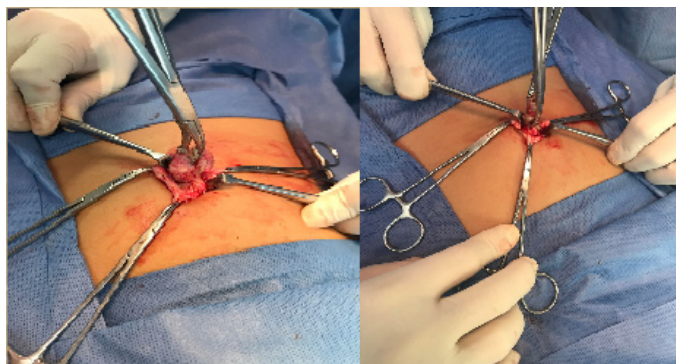


Figure 2: Image during the surgical procedure; a mass with grey contents can be observed. Please note the repair of the three skin flaps.

The progress of the postoperative was satisfactory. The sutures of the skin were subdermal, the pathology histologically revealed a sebaceous cyst, without malignancy and finally the esthetic result was evident and favorable.



Figure 3: Post-op picture of the belly button.

Discussion

The sebaceous cyst belongs to a benign pathology, generally found in the skin, with predilection in places such as the scalp, ears, back, face, trunk, and upper arm, though it can occur in any part of the body except for the palm of the hands and sole of the feet [2].

They are approximately twice as common in men than in women. They can present themselves at any age; nonetheless, they tend to appear in the third or fourth decade of a person's

life, although, they are also common in the prenatal period. Their appearance has not been linked to a racial predilection, but in a study of Indian patients, 63% contained the melamine pigment [3].

Histologically, it is made of a thin layer of scaly epithelium and amongst its morphologic microscopic characteristics are that they are soft to the touch, vary in size, have a soft consistency and round shape. Their etiology can also be hereditary, including the Gardner syndrome and the basal cell nevus [4]. Normally, the mass has been diagnosed erroneously as a lipoma, neurofibroma, Schwannoma, umbilical adenoma, nodule of the Maria Jose sister, hemangioma, irreducible umbilical and umbilical hernia.

It presents itself as an odorless mass and rarely causes problems, even though it can extend until the fascia in the mid abdominal line in its most atypical presentations. Its rupture can produce an intrusion of the keratin until the dermis leading to a strange body reaction [5]. If it is painful, ruptured or infected, then the surgical treatment is appropriate, by extirpation, completely drying if the sac and its contents. In a series of 302 patients, Klin et al. [6], studied the recurrence, observing a percentage of less than 1% during his follow-up on patients, 18 months after the surgery. Furthermore, it was demonstrated that the experience with minimal surgical incision suggests a satisfactory surgical alternative, with favorable esthetic results.

Conclusions

The case of an umbilical sebaceous cyst is reported, in which it is shown in one of the most uncommon places where it can occur. Even though the majority of the cysts are asymptomatic, when they present discomfort or signs on infection, it is seen that they are treated as a different pathology with an incorrect initial diagnosis. For this reason, it must be considered as a differential possible diagnosis, so that the appropriate surgical treatment can be administered.

References

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